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CURRENT CORRESPONDE	NCE ADDRESS (Note: Use Bl	ock I for any change of address)	Noti Fee( pape have	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
	7590 11/19			Cor	tificate of Mailing or Trans	emission		
GREENBLUM 1950 ROLAND RESTON, VA 20	& BERNSTEIN, CLARKE PLACE )191	P.L.C.	I he Stat addı tran	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
						(Depositor's name)		
						(Signature)		
						(Daic)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/771,403	02/05/2004		Shinsuke Okada		P24588	3854		
TITLE OF INVENTION:		NIT FOR ENDOSCOPE						
				T		DATE DIE		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU				
nonprovisional	NO	\$1510	\$300	<b>\$</b> 0	\$1810	02/19/2010		
EXAM	INER	ART UNIT	CLASS-SUBCLASS					
KASZTEJNA, M		3739	600-176000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			or agents OR, alternati	up to 3 registered patent attorneys ernatively, single firm (having as a member a 2 y or agent) and the names of up to attorneys or agents. If no name is 3				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty)	oe)				
PLEASE NOTE: Unl	ess an assignee is ident in 37 CFR 3.11. Com	ified below, no assignee pletion of this form is NO	data will appear on the p T a substitute for filing an	atent. If an assign assignment.	ee is identified below, the	locument has been filed for		
(A) NAME OF ASSIC		•	data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
HOYA Corporation Optiscan Pty Ltd.			Tokyo, Japan Victoria, Australia					
	into projecto de todomi di	- categories (will not be re			orporation or other private gr	roup entity Government		
Please check the appropri	late assignee category of							
4a. The following fee(s)	are submitted:	41	b. Payment of Fee(s): (Plea A check is enclosed.	se first reapply a	ny previously paid issue fee	shown above).		
Issue Fee  Publication Fee (N	o small entity discount	permitted)	Payment by credit card. Form PTO 2038 is attached.					
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NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req	nired) will not be accepte	d from anyone other than	he applicant; a reg	istered attorney or agent; or	he assignee or other party in		
interest as snown by the	records of the Office Sta	Res I atent and Trademan	Control.		1 -1			
Authorized Signature	Bruce H. Ber	nstein 91	<del>even We</del> gman	Date	29,027	***************************************		
Typed or printed name			eg. No. 31,438		YO			
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						(Signature)	
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TITLE OF INVENTION	: OBJECTIVE LENS UI	VIT FOR ENDOSCOPE					
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nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/19/2010	
EXAM	INER	ART UNIT	CLASS-SUBCLASS				
KASZTEJNA, M	ATTHEW JOHN	3739	600-176000				
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3. ASSIGNEE NAME A PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI HOYA Corporati Optiscan Pty Ltd.	ND RESIDENCE DATA Less an assignee is ident th in 37 CFR 3.11. Comp GNEE DD .	ified below, no assignee pletion of this form is NO	data will appear on th T a substitute for filing (B) RESIDENCE: (C Tokyo, Japan Victoria, Au:	e patent. If an assign an assignment. TY and STATE OR ( stralia	nce is identified below, the cocountry)		
	are submitted:  Yo small entity discount   # of Copies	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above).  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-0089 (enclose an extra copy of this form).				
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Authorized Signature	Bruce H. Ber		<del>even We</del> gma eg. No. 31,4		No. 29,027		
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